DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESS CUT ET A SHOULD BE TOWNER WITHING THE WORD "PENDING" IN PROCILI IN 17EM 18, GIVE PAGES 1, 2, AND 3 TO THE FUNER SET SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 3 SHOULD BE VIEW AS A SHOULD BE VIEW AS SHOULD BE USED AS A BURRAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITH ER DEATH WITH THE STATE DEARWARD OF HEALTH AND MENTAL HYGEINE, DIVISION OP WITH RECORDS 301 W, PRES
DIVISION OF VITAL REC	MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN USE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN PENCIL IN 15E 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AS FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSITI ER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYCORD.

	7 - FOR STATE REGISTR		MEDICAL	MENT OF HEAD		ENTAL HYGIEI	VOT O	G. NO.	8 4	5	2
	(TYPE OR PRINT)		MIDDLE		Boone	Jr.	20. DATE KNOW OF ESTI- DEATH MATE		NTH DAY		<sup>26.</sup> НОУК. 10:40
	3. SEX Male	1. RACE Negro	5. DATE OF BIRTH MONTH DAY  3-28-66	14 YRS.		IF UNDER 24 HRS.	PRONOUNCED DEAD	MON	VIH DAY	YEAR	2d. HOTER.
5	78. BIRTHPLAC FOREIGN COU Md.	NTRY)	76. CITIZEN OF WHAT COUN	WID	OWED	VER MARRIED 🛣	9. BALTIMORE C				MD.
2	Kenne	dyville		street address) eek Whar		TION 120. US	sual occupation r most of working life udent	(TYPE OF WO	Scho	INDUSTRY	INESS
5	130. STATE	d. Kei	E OR OTHER INSTITUTION, GIVE RESIDENCI NTY 13c CITY 1t 111	e BEFORE ADMISSION) Y OR TOWN Lington	13d. INSIDE (	NO DC	REET ADDRESS				
10	Paul  160. WAS DECI (YES, NO, OR)	EASED EVER IN U.S. A	MIDDLE  BOC  RMED FORCES?  //E WAR OR DATES)	one, Sr.	DO 17. INFORM	er's maiden nam Oris Mant Wiright	ADD	ress abovi		nes	
OR REMOVAL.	PAR Car gav	T I DEATH WAS CAUS	ATE CAUSE (a) DE OWI DUE TO, OR AS A COM	ning NSEQUENCE OF					APPR BETWE	ROXMATE II EN ONSET A	YTERVAL IND DEATH
RIAL, CREMATION,	Was 19a DA1		with group at 1  196. CONDITION FOR  216. TIME OF INJURY	Curner's V	harf, s	stepped i		18	20 AU YE	TOPSY?	not
21201 PRIOR TO BURI	WHILE AT WOI	YING OR BUTING CAUSE OF		11 19 80 E	Surface LOCATION STREET	again.	cny or town  Kennedyvi		COUNTY	Mary	state land
ARYLAND,		esulted from: Nat	rge af the remains described aboural causes , Accident		TITLE (S	PECIFY)	Inquiry	□,	y opinion  ATE GNED 7-	11-8	0
BALTIMORE, MA	RITTEO	CTRICKI)	ert W. Farr, M.		ADDRESS_		own, Mary	land	2162	0	
80	(SPECIFY)	EMATION, REMOVAL Burial DIRECTOR	4 4-	ileys Ne	ck Cem	cm	OCATION YOR TOWN 111ingto	on, I	COUNTY Cent R'S SIGNATUI	stat Md.	E
7 (5))	Edward	d Fellows	S & Son, Mill	2165 Lington		JUL 1	6 1980	frog		Great	1

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In Dyran , dien it in	Clare Mar Chann of Sound	Trans. Committee	
208-7-20		- Sec. (184)	
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5 4	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.
A E	AAL leta ate
SPI	VEF Se St
HO	The state
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pagretained by the hospital or attending physician.	TO

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## DEP

STATE OF MARYLAND	4.5	
ARTMENT OF HEALTH AND MENTAL HYGIENE	8	
	-	

ENE	8	0	1	8	in a	5	
		REG. NO.					

	REGISTRAR		DEPART	CERTIFIC	ATE OF DE	ATH	REG.	NO				
	CEASED NAME FIRST		MIDDLE	LAST	7	2n	DATE OF DEATH		DAY 1	EAR .	2b. HOU	R
TYPE	Oliv	e	NMN	Gree	nwood	т.	uly 02,	1980			8:55	5
3 SE)		4 RACE		S. DATE OF		6.7	AGE IN YEARS LAST		IF UNDER		IF UNDER	
1	Female	Whit	0	June	15 1	NEAR 886	93 94	YRS	MONTHS	DAYS	HOURS	MIN
7a B1	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		_ 9.1	BALTIMORE CITY	-	Y OF DEA	TH		
	aryland	U.S.A.		WIDOWED	NEVER MAI		Kent Cou	ntv				
10 CI	ITY OR TOWN OF DEATH  Chestertown	11. NAME OF	HOSPITAL, NURSING CHEACILITY, GIVE STREET	NG HOME OR	OTHER INSTITU	JTION 124	USUAL OCCUP.  TPE OF WORK FOR MOS  Nursing	ATION	LIFET INDL	JSTRY	e nu	
13e S	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION	13c CITY OR TOW	RE ADMISSION)	34 INSIDE CITY	LIMITS? 134	STREET ADDRES			Te.		
	aryland K	ent	Chestert		YES NOTHER'S M		Rte.#3	Box 26	0			
IT FA	FIRST	MIDDLE	LAST		FIRS	ST .	MIDDLE			LAST	-	
14a - V	James WAS DECEASED EVER IN U.S. A	Raymond	Bowers		Mar		Corde	DRESS		myt.		0.0
(1		WE WAR OR DATES)	213-24				rds, Che	sterto	wn, M	lary	216 land	
	Conditions, if ony, which gave rise to immediate	(b)_	DR AS A CONSEQU	<u></u>	eaul	fa	line	,				_
ATION	4292 Conditions, if ony, which	DUE TO, C  (b)  DUE TO, C  (c)  (CONDITIONS C	DR AS A CONSEQU	ENCE OF			L DISEASE OR CO	20b. IF Y	ES, WERE	FINDIN	GS USE	
FICAT	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	DUE TO, C  (b)  DUE TO, C  (c)  (CONDITIONS C	OR AS A CONSEQU	ENCE OF		AED		70b. IF Y		FINDIN	GS USE	H?
CERTIFICAT	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	DUE TO, C  (b)  DUE TO, C  (c)  (c)  CONDITIONS C  196 COND  716. TIME C HOUR A	OR AS A CONSEQUE ONTRIBUTING TO DITION FOR WHICH	DEATH BUT NO	WAS PERFORM	AED	70a AUTOPSY?	206. IF Y	ES, WERE IFYING CA	FINDIN AUSES	GS USE	H?
FICAT	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DUE TO, C  (b)  DUE TO, C  (c)  (c)  TONDITIONS C  196 COND  ABATH  P  218 PLACE	OR AS A CONSEQUION ONTRIBUTING TO	DEATH BUT NO HOPERATION  AY YEAR  19	WAS PERFORM	RY OCCURRED	200 AUTOPSY?	20b, IF YIIN CERT	ES, WERE IFYING CA	FINDIN AUSES (	GS USEC OF DEAT NO	H?
CERTIFICAT	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last  PART 2 OTHER SIGNIFICAN  The DATE OF OPERATION  THE DATE OF OPERA	DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  196 COND  196 COND  216 TIME C HOUR A  P  218 PLACE (AT HOME, S1	OR AS A CONSEQUION ONTRIBUTING TO ON	DEATH BUT NO HOPERATION  AY YEAR 19 FARM, ETC.)  June 9 80 and	WAS PERFORM THE HOW INJU THE LOCATION STREET	RY OCCURRED	200 AUTOPSY?  YES NO  (ENTER NATURE OF H	29b. IF YIN CERT	ES, WERE IFYING C. YES	FINDIN AUSES (	GS USEI OF DEAT NO [	TATE
CERTIFICAT	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last.  PART 2 OTHER SIGNIFICAN'  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CA	DUE TO, C  (b)  DUE TO, C  (c)  196 CONDITIONS C  196 CONDITIONS C  196 CONDITIONS C  198 CONDITIONS C	OR AS A CONSEQUION ONTRIBUTING TO ON	DEATH BUT NO  H OPERATION  AY YEAR  19  FARM, ETC.)  June 9  80 and	WAS PERFORM THE HOW INJU THE LOCATION STREET THOSE IN (my) (or	RY OCCURRED  19_80  ur) opinion deci	200 AUTOPSY?  YES NO (ENTER NATURE OF ME CITY OR TO JUly the occurred on the	20b. IF YIN CERT	ES, WERE IFYING C. YES	FINDIN AUSES (	GS USEI OF DEAT NO [	TATE

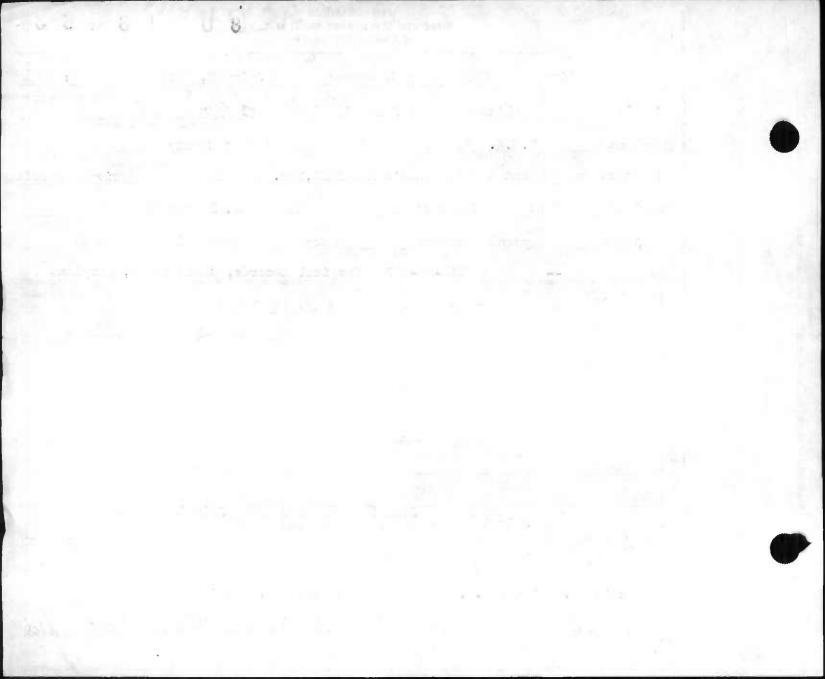
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DHMH-16 25M (VRA 15, 4) 1/79

24 POINGRALD IRECTOR

md

25 DATE REC'D BY BESISTRAR 25 REGISTRAR'S SIGNATURE



-	FOR STATE REGISTRAR		TMENT OF HEALTH AND CERTIFICATE OF I	DEATH	REG. NO		6.4	5 4
1 DE	CEASED NAME FIRST BETTY	LEWIS HC	LLIDAY	1.	uly 24,	L980	YEAR	11:45
3 SE		race nite	5 DATE OF BIRTH 9/27/1919		AGE (IN YEARS LAST BIRTH	MONTH YRS.	DER I YEAR	IF UNDER 24 HRS
35 Ma	IRTHPLACE (STATE OR FOREIGN COUNTRY)  YVland  ITY OR TOWN OF DEATH	7b CITIZEN OF WHAT COUNTRY  USA  11. NAME OF HOSPITAL, NURS 18 NOT IN SUCH FACILITY, GIVE STRE	MARRIED LA SEVER A WIDOWED DI ING HOME OR OTHER INS	MARRIED     NORCED     TITUTION	Rent Co	O .	. KIND OI	MI F BUSINESS OR
USU	estertown 1 ALRESIDENCE (IF NURSING HOME ON STATION 136 Kell	Magnolia Hall	Nursing Co DRE ADMISSION) WN 134 INSIDE C	enter	Housewit 3. STREET ADDRESS 112 Elt	fe & S	ecre	etary
14.F/	THER'S NAME Joseph Le		De		rice MIDDLE		LAST	
160 V	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI 110	MED FORCES? 146 SOCIAL SEC 217 09	-06-	e Ho <b>lli</b>	day Elm S	st. Eertowr		MATE INTERVAL DINSET AND DEATH
any injury, or oth	gove rise to immediate cause Io), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEGUITE OF THE CONTRIBUTING TO	O DEATH BUT NOT RELATED					
CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFO	DRMED	200 AUTOPSY? YES NO X	20b. IF YES, WEIN CERTIFYING YES		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.			NJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 C	PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E. FARM, ETC.)  211 LOCATI STREET	ОИ	CITY OR TOW	0.0	YINUC	STATE
m 21 is r		ital) ottended the deceased from 7/23/80 19 19 View the body after death.			to 7/24/	ate and hour and		that (I) (we) las couses stated
1 1. 1	120 SIGNATURE				MEDICAL STAF	e e	7/25	
MPORTA	Patrick A. M	olony, M.D.		esterto	own, Md.			
≥ 230	BURIAL, CREMATION, REMOVAL Burial		hester Cemetery or	etery	Chester			STATE
25M 1/79	VIVERAL DIRECTOR	) ells Chest	ertown, Md		REC'D. BY REGISTRAR 3 0 1980	25h EGISTRAR'S		

 executed within 24 hours after

death certificate be

ATTENDING PHYSICIAN: The law

TO HOSPITAL

1	FOR STATE REGISTRAI
	EASED NA

## STATE OF MARYLAND

0	1	8	4	5	5
REG. NO.					

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	18455
1. DECEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 25. HOUR
Carli	la Hessey	Hullfish	July 17, 198	1:20 M
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	4 15 05	75	MONTHS DAYS HOURS MIN
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED TO NEVER MARRIED WIDOWED DOORCED	BALTIMORE CITY OR CO	
in city or town of death Thestertown	(IF NOT IN SUCH FACILITY, GIVE STREE Kent & Queen A	nne's Hospital, In	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	125 KIND OF BUSINESS OR
13e STATE 13b COI	or other institution, give residence befounty 13c. City or tow	VN 134. INSIDE CITY LIMITS?	307 Gedar Str	**************************************
14 FATHER'S NAME	itte   Gilester	15. MOTHER'S MAIDEN N		reer
FIRST	MDDLE LAST LOILE	FIRST	MIDDLE	LAST
James Ca		2	Maxwell	Dwyer
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			21620
no	- 213-14-	/301 Hospital	Records-Chester	rtown, Maryland
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	JENCE OF	rearded & U. K	and.
	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1(a)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINI 214. INJURY OCCURRED	DEATH HOUR A.M. MONTH	PAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITE	EM 18, PART 1 OR PART 2)
214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
· ·	on <u>J11 y 17</u> 19 nat) view the body after death.		042) 21	19_80_, that (I) (we) last and haur and from the causes stated
276. SIGNATURE	Dan	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	1/18/20
224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
Dr. Robert		-4	, Maryland 216	00

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

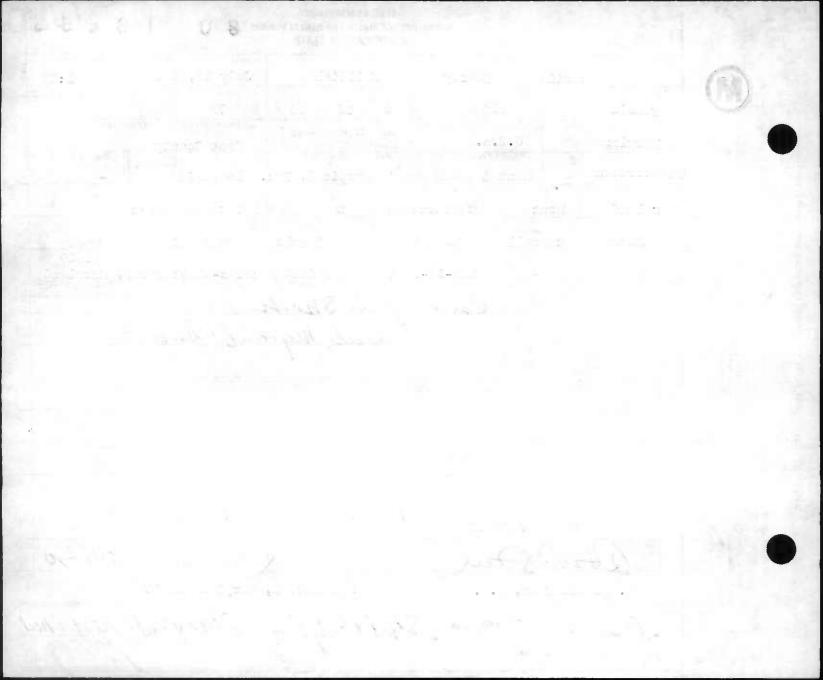
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the mi

DHMH-16 25M (VRA 15, 4) 1/79

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

JUL ~ ~ 1980



ATTENDING PHYSICIAN: The law

TO HOSPITAL OF

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Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

8

FOR STATE REGISTRAR			DEPAR		FICATE OF DEATH	0 0	, NO.	8 4	5	6
1. DECEASED NAME (TYPE OR PRINT)	FIRST	A	AIDDLE		LAST	20 DATE OF DEATH	MONTH DA	YEAR	2b. HOUR	70
	rtie	Lo	uise	Irby	У		July 4,	1980	2:30	M
3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER 2	
Female		White		Set	ptember 26, 190	0 79	YRS.	ONTHS DAYS	HOURS	MIN
Te. BIRTHPLACE (STATE OR COUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH		
Virginia		U.S.A.		WIDOWE	37	Kent Co	unty			MD.
10 CITY OR TOWN OF D		(# NOT IN SUC	H FACILITY, GIVE STREE	ET ADDRESS)	s Hospital	170 USUAL OCCUP (TYPE OF WORK FOR MO	ST OF WORKING LIFE)	126 KIND O INDUSTRY NUTS		S OR HOME
USUAL RESIDENCE (# NU 130. STATE Maryland	136 COUR	OTHER INSTITUTION,		ORE ADMISSION) WN	134. INSIDE CITY LIMITS? YES A NO	13e. STREET ADDRE				1011
James	Hen	MIDDLE Cy Ga	rber		Alice Ma	MIDDL	ordan	LAS	T	
160 WAS DECEASED EVE (YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SEC		17 INFORMANT		DRESS			
No			226-30-	<b>-</b> 5600	Hospital Reco	ords, Ches	tertown,	Maryl	and 2	21620
Conditions, if or gove rise to in couse to sto underlying cou	y, which nmediate ling the se lost	(b) DUE TO, OI	R AS A CONSEQ	UENCE OF	Acute bry	Deardeul CH	Cefue	A IN PART 10		
190 DATE OF OPER					ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED	
OR CONTRIBUTION	CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18, PAI	RT I OR PART 2)		
(IF EITHER, NOTIFY MED  21d. INJURY OCCU  WHILE NOT  AT WORK AT WORK	WHILE	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STA	TE
22s I certify that sow the dece		tol) oftended the		June 80	nd that in (my) (aur) apinion DEGREE ATTENDING		TAFF _			
22d P SICIAN'S Patr:		Molony,	M.D.		Chesterton	wn, Maryla	nd 21620	)		
23a BURIAL, CREMATION	, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	(	LOUNTY	STAT	E

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funitive should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

24 FUNERAL DIRECTOR Fellows Edward

Burial

7/7/80

& Son.

Crumpton Cemetery

ADDRESS 21651 Millington.Md.

JUL 9 BY REGISTRAR 25h. 1980

REGISTRAR'S SIGNATURE

0 8 (- 5 ) TO 8 Employee the contract of Market of a second of second care of a 1400-15 The second of th 

(VRA 15, 4) 1/79

FOR

- STATE

REGISTRAR

FIRST

James H. Barton, Jr.,

DECEASED NAME

erth exth	(int	Irvin	He	nry	Jones		July 12. 19	980		4:45A M	
s after da	3. SE	x Male	4 RACE White		Septe		6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN	
72 hours	C	RTHPLACE (STATE OR FOREIGN DUNTAY)		WHAT COUNTRY?		NEVER MARRIED	BALTIMORE CITY O	1000	OF DEATH	MD.	
st be not		TY OR TOWN OF DEATH				Hospital	12e USUAL OCCUPATION 17pe OF WORK FOR MOST OF WORKING LIEET 17pe OF WORK FOR MOST OF WORKING LIEET 11pd USTRY General 12e USUAL OCCUPATION 11pt OF BUSINESS O 12pt Number 12pt				
miner mu	130 S Mar			13c. CITY OR TOV	VN	134. INSIDE CITY LIMITS? YESX NO []	13e STREET ADDRESS 108 Water	Street			
nedical exa		ATHER'S NAME FIRST  Alfred VAS DECEASED EVER IN U.S. A	MIDDLE Lee	Jones		Emma  U. INFORMANT	MIDDLE	ss 108 h	. Wate	hens er St.	
Pages 1	- (		E WAR OR DATES)	221-18-		Mrs. Mary A. Hospital Reco	Jones Cent	revill rtown,	Maryl		
se remove carbon papers al, cremation, or remova , or other traumatic eve		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)    Sample   MMEDIA	TE CAUSE (a)  DUE TO, C	OR AS A CONSEOU	ENCE OF	with Diff	ne Mefa	stasis	BETWEEN	MATE INTERVAL ONSET AND DEATH	
prior to buris	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	INAL DISEASE OR CON	ZOb. IF YES,	WERE FINDING CAUSES	NGS USED	
Hygiene primit.	RTIFIC						YES NO	YES		NO []	
lental lental or Ite	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	T 1 OR PART 2]		
Ith and N	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	JAT HOME, ST	OF INJURY REET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OF TOV		COUNTY	STATE	
for use at of Heal		220.1 certify that (1) (this hasp saw the deceased alive at abave, (1) (we) (did) (did ni	oital) attended the July 1 ot) view the bady	ne deceased fram 2 after death		d that in (my) (aur) apinian	, 10		and from the		
ERAL DIR e detached State Dept ANT: If Ite			Ulm	, no		ATTENDING PHYSICIAN	MEDICAL STAI	F IAN 🗀	July	12, 1980	
should be deta with the State		Kim K. Wun				Chestertown	, Maryland	21620			
- ts 3 =	- (	Burial, CREMATION, REMOVAL SPECIFY Burial	July			emetery or crematory erfieldCemeter	23d LOCATION CHYOR TOWN Centrevi]	le, Q.	A.Co.	Md.	
P DHMH-16 25M /8A 15 4) 1/79		UNERAL DIRECTOR Barto	n Bros.	ADDRESS			FRECD. BY REGISTRAR				

MIDDLE

STATE OF MARYLAND

CERTIFICATE OF DEATH

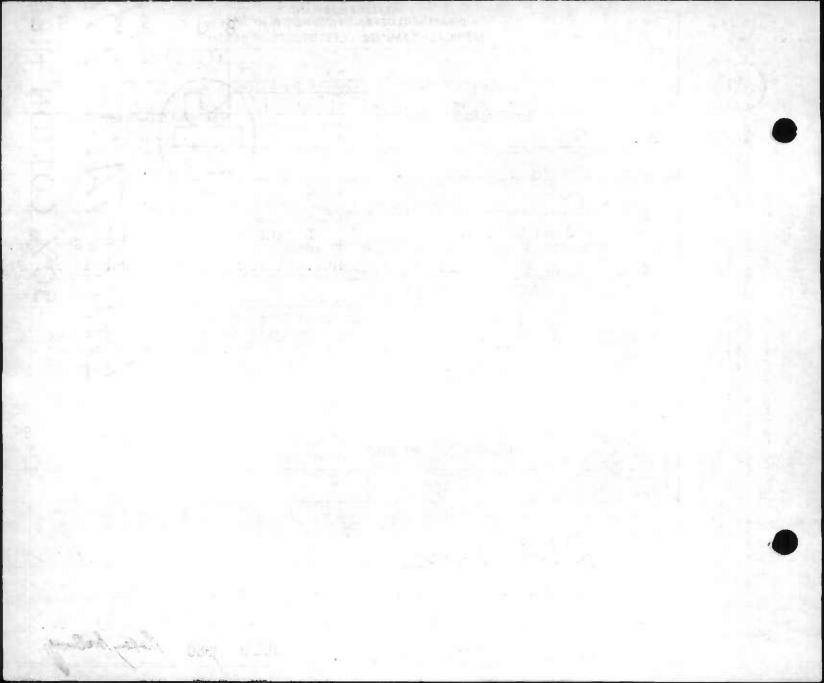
LAST

Centreville, Md. 21617

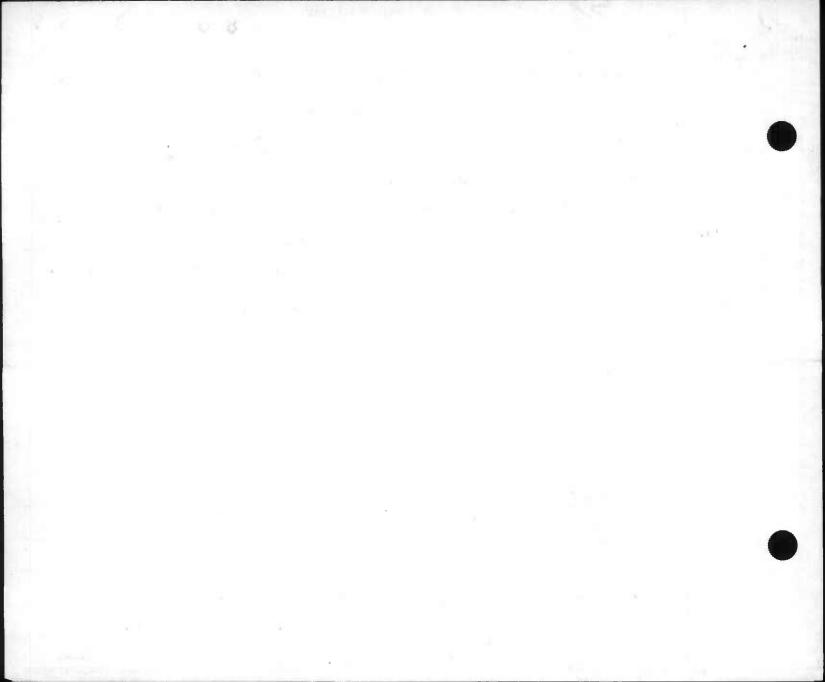
DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20 DATE OF DEATH MONTH DAY YEAR 2h. HOUR

8 0 8 OBER II DAN A Programme of the Control of the Co

Light of a lighter on the state of the state of



. 3	1.	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	10.	8 4	5 9	
y be	TYPE	CEASED NAME FIRST Charles	Franklin 1	RAYMO	)	July 12,	1980	YEAR	9:45 M	
ige 4 mo	3 SE	Male	white		13/1902 YEAR	AGE (IN YEARS LAST BIR	YRS		HOURS MIN	
The second	,	RTHPLACE (STATE OR FOREIGN Maryland	7% CITIZEN OF WHAT COUNTRY?  USA	MARRIE		Kent (	Co.		MD	
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in 24 hau y filled in hould be	Ma	ryland Kent	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	134. INSIDE CITY LIMITS? YES XX NO		itude			
ompletely 1 and 2 s	1	not known Raymo Last 15 MOTHER'S MAIDEN NA					MIDDLE LAST			
be execu	(	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] LO	MED FORCES? 166 SOCIAL SECT E WAR OR DATES! 2 L4 03 7	199	Dorothy J	enkins -				
ires that the death certificate banding physicial please remove carbon papers. burial, cremation, ar removal ry, at other traumatic event, the		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	IN ONE COUSE PER line for (a), (b), or D BY:  TE CAUSE (a), ACU  DUE TO, OR AS A CONSEOU  (b) CHROW  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF	MYOCAR OND )  BSTRUCTIVE	LUNG (	DISEASE.	15-	AATE INTERVAL INSET AND DEATH	
The law required has been statement the former prior to show any injury.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH			200 AUTOPSY? YES NO	WERE FINDINGS USED NG CAUSES OF DEATH?			
G PHYSICIAN   Tatending physician this certificate in the burial-transford Americal Hygo and Mental Hygo ked ar Item 18 sh	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE WHILE AT WORK AT WORK		AY YEAR 19 FARM, ETC.)	211 LOCATION STREET	CITY OR TO		COUNTY	STATE	
haspital ar shreet ar shreet far sheet far use as them 21 is mar them 21 is mar			220 I certify that (I) (this haspi saw the deceased alive an	TOI) OTTENDED THE DECEOSED FROM		nd that in (my) (aur) apinion of			22c. DATE S	IGNED
TO HOSPITAL OF CONTRAL DISHOULD BE CONTRAL DISHOULD BE CONTRAL DISHOULD BE CONTRACTED BY WITH THE STORE DISHOULD BE CONTRACTED BY THE STORE DISHOULD BY TH		276 PHYSICIAN'S NAME (TYPE O H. Calvin H	R PRINTI	1 12.	PHYSICIAN 220 ADDRESS  Rock Hal	X MEDICAL STA DIRECTOR PHYSIC 1, Md.	FF CIAN []	7/12	2/80	
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irector, page 3 urs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir shauld be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hai

attending physician

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TO HOSPITAL

		1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	40	8 4	6 0
			CEASED NAME	FIRST L	onard	MIDDLE Archib	ald	AST RENSHAW	20. DATE OF DEATH	3ULY DA		26 HOUR
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ould be fill	5	[ ]	Maryland	13b COUN		Chester		13d INSIDE CITY LIMITS? YES \( \begin{array}{ccc} NO \(\chi \chi \chi \chi \chi \chi \chi \chi	R.D. #3,	Box 16		
d 2 sh Opiner	1-	14 FA	THER'S NAME	N	AIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	7
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Pages 1	1	160 V	VAS DECEASED EVER (ES, NO OR UNKNOWN) Yes	(IF YES, GIVE	WAR OR DATES)			17 INFORMANT Son		ESR.D.		
rs. Po			ies	WV	4 T	220-32-9	979	Morris L. Re	nshaw, Ches	stertow		
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Ther r to t		NO	(erebre	VAS	chla	rinind	Brio	ncy				
pria pria s any	7	CERTIFICATION	19a DATE OF OPERAT	ION	19b. CON	DITION FOR WHICH		N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
sit pe	d	RTIF							YES   NO	YES		NO 🗌
al-tran ntal Hy em 18	9	_	21a. ACCIDENT WAS UND OR CONTRIBUTING C		110110	OF INJURY A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAR	RT 1 OR PART 2)	
burial- Menta ar Item		MEDICAL	(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR			P.M. E OF INJURY	19	2)1 LOCATION				
the bond /		ME	WHILE NOT WH	ILE 🗍		STREET, FACTORY, OFFICE, I	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
use as ealth			22a.1 certify that (I)		ol) attended t	the deceased fram_	12-	29 1977		8	80	that (I) (wa) last
of H			saw the decease abave, (1) (we) (d		7//C		30 or	nd that in (my) 🗪 i apinian	death accurred on the o	date and hour	and from the	couses stated
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23a BURIAL, (SPECIFY) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN CREMATION, REMOVAL COUNTY

Burial July 21,1980 Barton Bros. Chesterfield 24 FUNERAL DIRECTOR James H. Barton, Jr., Centreville, Md. 21617

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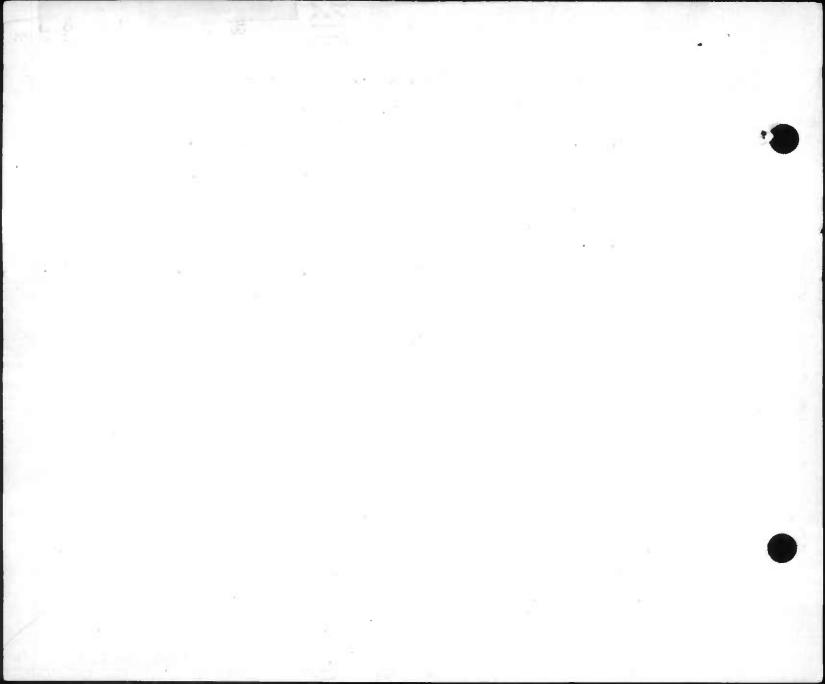
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	CAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESS THE CRITIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 1B. GIVE PAGES 1. 2, AND 3 TO THE FUNERS THOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR SIRAL DIRECTOR, PAGE 3 SHOULD BE USED A 8 BURRAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED. WITH SIRAL DIRECTOR, PAGE 3 SHOULD BE FILED. WITH SHALD PRECTOR PAGE 3 SHOULD BE FILED. WITH SHALD PRECTOR PAGE 3 SHOULD BE FILED.	AVC
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S. S. F.	XV		CEASED NAME FIRST FORPRINT) Frank	tlin Thomas N	OF EST! 7/12 80 184						
SSARY, PLEASE AL DIRECTOR.  YOUR FILES. IN 72 HOURS	1	3. SEX		5. DATE OF BIRTH 11/10/32 YEAR 4.51 BIR 4.51 BIR	YRS. IF UI	NDER 1 YR. IF UNDER 2	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	7/13/8	O 19 Zd HOUR 3 PM		
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LAY IS O THE PAGE E FILED		Wo	rton RFD	IT, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (FINOT IN SUCH FACILITY, GIVE STREET ADDRESS)  AL NOME  126. USUAL OCCUPATION (TYPE OF WORK FOR STREET ADDRESS)  FOR STREET OWN (TYPE OF WORK FOR STREET ADDRESS)  OWN (CONTINUED TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OWN (TYPE OF WORK FOR STREET ADDRESS)					OR INDUSTRY		
ANY E ANY E RETAIN HOULD	35	USUA 13e. S'	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  137. STATE  136. INSIDE (ITY LIMITS?  130. STREET ADDRESS  YES  NO REPORT NO REPOR								
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, A ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. E 3 SHOULD BE USED AS A BURALT-RRANSIT PERMIT. PAGES 1 AND 2 SH PRIOR TO BURALL, RAND AND AS THE SHOULD BE USED AS A BURALT-RANSIT PERMIT. PAGES 1 AND 2 SH PRIOR TO BURALL, CREMATION, OR REMOVAL.	140	14. FATHER'S NAME  FRST  William E. Wiltbank  Mary E.  MADRESS  ADDRESS  AD									
		16e. W	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) 1954 to	Hall - Mill	uauz	ghter i, Md.					
			18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
			Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN Arter Tosc  (b)  DUE TO, OR AS A CONSEQUEN  Had Apparen					tend 24 hours		
LD BE EXEMPLING." MEDICAL MEDI		NO	PART 2 DTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIVEN IN PART	[ ] (a).				
SHOULD PER CHIEF A CHI	Y X	IIFICATI	190. DATE OF OPERATION	198. CONDITION FOR WHICH C	PERATION	WAS PERFORMED?		20	AUTOPSY? YES NO M		
ION OF VIT	TO BURIAL	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		YEAR .	OW INJURY OCCURRED	O (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)			
DIVISION WRITING WARDED 1	PRIO	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOM		OCATION STREET	CITY OR TOWN	COUNTY	STATE		
ui & - S -	ARYLAND, 212			e of the remains described above, held of	on Auto	psy , Inspection, Hamicide ,	Inquiry , an	nd in my apınian			
MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOI FUNEAU DIRECTOR:	· 8		ACTUAL RR	A Down		TITLE (SPECIFY) M.D. Dpty	MEDICAL EXAMINER	DATE SIGNED Z	/13/80		
O MEDIC XECUTE 1 AAGE 4 S O FUNEI		22- 0		BERT W. FARR M.		_addres <b>Cheste</b>	ertown, Kent	Cty M	d.21620		
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